Leaves, Separations and Transfers Form

Transaction Codes: 04, 05, 06, 09, 10, 11

*EMPLOYEE ID	*JOB NO.	*EFFECTIVE DATE
		MM/DD/YYYY

EMPLOYEE'S CURRENT INFORMATION:

*First Name	MI	*Last Name	Suffix

*Jurisdiction Code	*Jurisdiction Name	*Jurisdiction Department

*Title Code	*Title Name

LEAVE / SEPARATION / TRANSFER ACTION

*Transaction Code	*Request Reason Code

Receiving Jurisdiction Code	Receiving Department

Start Date	End Date	Half Day Code

Extended Leave Y/N	With Pay Y/N	Aggregate No. of Leave Days	Resigned Perm. Status Y/N	Signature Sent Y/N

Comments

AUTHORIZING SIGNATURES:

Employee: Required for voluntary transfers.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request.   Signature of Appointing Authority is required if submitted by US mail; courier or facsimile. Signature is not required if form is submitted electronically.

Appointing Authority: I certify that the action requested conforms to Merit System Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: _____ DATE: _____ TITLE: _____

FOR APPOINTING AUTHORITY USE: X _____   X _____

SUBMIT TO: CAMPS.Forms@DOP.state.nj.us or the NJ Department of Personnel; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354